

Registration District No. 18.4

Primary Registration District No. 200

Registrar's No. 1413

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maryland Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Cumberland & Carlson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years (Specify whether
In this community 7 years years, months or days)

3. (a) PRINT FULL NAME PAUL M. E. KLEIN

3. (b) If veteran, name war no war 3. (c) Social Security No. 493-0510

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M
(b) Name of husband or wife Mamie 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased June 1 1890 (Month) (Day) (Year)

8. AGE: Years 51 Months 1 Days 2 If less than one day
hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Union Elec. Co. of Mo.

12. Name Herman Klein

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Marie Klein

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mamie Klein

(b) Address Robertson, Mo. R#1

17. (a) Burial (b) Date thereof 7-7-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Burial

18. (a) Signature of funeral director Edwin P. Meiners

(b) Address 2504 Woodson Rd - Overland Mo

19. (a) JUL 5 1941 (b) K. Meiners (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Maryland Heights
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. Cumberland & Carlson (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1941 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 5 1938 to July 3 1941
that I last saw him alive on July 2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus Duration 5 yrs?

Due to

Due to 61

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature Edwin P. Meiners M. D.

Address 6651 Euclid Ave Date signed 7/5/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 4 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Oscar F. Mueller

Licensed Embalmer No. *3039*

P. O. Address *Overland Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.